Direct Deposit Enrollment Form For Child Support Payments

Your Name: (please print)		Date of Birth	
Address			
City	State:	Zip	
Daytime Phone: Home Phone:	Social Security	Number	
I authorize the Nebraska Chil payment into my Checking of	d Support Payment Center to Savings account (circle or	o initiate a direct deposit of my child support ne).	
Account Number:			
Routing Number:			
(at the bottom of	f your check, starting from the left - it is	a nine-digit number)	
Bank Name:			
City:		ate:	
	attach a voided check or phot deposit tickets, they do not alw needed for direct d	ways contain the information	
and complete a new authorization transaction. If notifying of a ch	on from. Notice must be given ange in bank information over	ify the Nebraska Child Support Payment Center at least 10 business days prior to any pending the Internet (www.nebraskachildsupport.com), at transaction in order to change or stop a	
	Child Support Payment Center	y account my comply with United States Law. I to initiate debit entries to my account as may be	
Signature:		Date	